

Vagina equals woman? On genitals and gendered identity

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Synopsis

Gendered identity is often assumed to be predicated on the prior existence of dichotomously sexed bodies: penis equating to maleness and vagina (or the *absence* of a penis) equating to femaleness. But is it experienced in this way? We analyse talk about the vagina and female gendered identity in focus group (and interview) data collected from 55 women that explores this very issue. Women talked about genitals and identity in four ways: they affirmed a link between having a vagina and being a woman; they explored this link through associated functions (heterosex and reproduction); they questioned the inevitability of the link; and they attempted disruption of the link (although this frequently served only to reinstate the normativity of it). The implications of this analysis for theory and practice are discussed.

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Dana: Your body is what you are. Your body is your gender you know- well your sex.

Int: So can you imagine then how you might feel like if, I read a story about a woman whose vagina closed over, like so she just had kind of like a smooth bit there, rather than a bit going up.¹ Can you imagine how that—

Dana: Yeah that would be awful, it would be terrible, you would feel like you had no sense of identity. (FG9)

Gendered identity is often assumed to be predicated on the prior existence of dichotomously sexed bodies: penis equating to maleness and vagina (or the *absence* of a penis) equating to femaleness. But is it experienced in this way? In this article, we interrogate women's talk about the vagina and identity as women to critically

examine the commonsense linking of genitals and gendered identity. We focus our analysis around what women say, and consider questions of normalisation, invisibility and (social) change.

Gender, genitals, and identity

Westerners live in societies premised on two widespread, and linked, assumptions related to gendered identity.² The first is that humans are discretely sexed into two categories. We live in a “gender-polarized world” (Connell, 1999, p. 450), where gender divisions, based on assumptions of dichotomously sexed bodies, “permeate the way we think and talk about ourselves and each other” (Siann, 1994, p. 1). Kitzinger (1999) refers to this an “intransigent cultural ideology of two, and only two, sexes” (p. 494). The second is that gendered identities map onto biological bodies, such that genitals are a *crucial* part of difference and identity. Garfinkel's (1967) ‘natural laws of gender’ identified genitals as the essential sign of gender, and this ‘natural attitude’ remains (see McKenna & Kessler, 2000). So-

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cioculturally, “everyone knows that women and men are very basically distinguished by their genitals” (Strong & DeVault, 1994, p. 148; Angier, 1999; Davies, 1990), so that “a female is a person with a vagina; a male is a person with a penis” (Kessler & McKenna, 1978/1985, p. 113).

At birth – or before – we are often assigned a sex simply on the basis of a visual inspection of our genitals. However, the development of a gendered identity comes later. Psychological theories of psychosexual (gender) identity development assume genital difference. Freud (e.g., 1925/1998), for instance, based his theories on the “absolute salience of the genitalia” (Harré, 1991, p. 54), with genital difference a key component of his work. But even social learning and cognitive-behavioural theories can be seen as ultimately premised on the possession of discretely sexed genitals (Rohrbaugh, 1981), or, perhaps, on the possession or absence of a penis (Davies, 1990; Delphy, 1993; Kessler & McKenna, 1978/1985; Lundgren, 2000; Zita, 1998). A biological difference (‘sex’) is assumed to underlie the social significance of ‘gender’, with genitals at the heart of it. Psychologists, then, have often taken the gendered (genital) body as a given in relation to gendered identity (development).

Wilton (1996) used the term ‘genital identities’ to reflect “the heavy burden of signification borne by the human genitals” (p. 104). Here, the concept of ‘cultural genitals’ – the genitals that are assumed and attributed when an individual sees a person-who-looks-male or a person-who-looks-female (Lundgren, 2000) – comes into play. Cultural genitals are perceived to be synonymous with biological genitals (Garfinkel, 1967; Kessler & McKenna, 1978/1985; Lundgren, 2000). This assumption can easily be found outside psychology – for instance, in popular culture. Films such as *The Crying Game*, *Boys Don't Cry*, *The Adventures of Priscilla, Queen of the Desert*, and *Trainspotting* contain central or minor narratives around a mismatch between cultural and biological genitals (and gendered identity). As some of these films show, the revelation that this assumption is false can result in brutal consequences (Kimmel, 2000; Laqueur, 1990).

These assumptions also come into play for intersex individuals, who do not have discretely ‘sexed’ genitals, and for transgender individuals, whose gendered identity does not ‘match’ their body (e.g., Roen, 2001). For instance, the assumption that intersex infants need distinguishable, surgically produced,³ ‘sexed’ genitals points to the perceived centrality of the genitals to

gendered identity. And this practice reinforces the idea that there are two dichotomous ‘sexes’. As Kessler (1990) observed, “the non-normative is converted into the normative, and the normative state is considered natural” (p. 24; see also Lorber & Farrell, 1991a, 1991b; Parlee, 1998).

Looking specifically at the question of gender (identity) for *women*, a vagina is often assumed and/or described as essential. This is evident in statements like “womankind is varied and vast. But we all have cunts” (Muscio, 1998, p. 6). A “fully functional vagina” has been identified as “a fairly fundamental attribute of womanhood” (*Vaginoplasty/Pressure dilatation*, 1995, p. 7), while artist Judy Chicago described her vagina as “that which made me a woman” (Chicago, 1975, p. 55). The ‘father of transsexualism’, Harry Benjamin, apparently believed that “a vagina made one a woman” (MacKenzie, 1994, p. 73). Gendered identity has been a rationale for vaginal reconstruction, following gynaecological cancers, with an assumption that the “removal of the vagina is defeminizing to a woman regardless of whether or not she is [hetero]sexually active” (Cairns & Valentich, 1986, p. 341). Freundt, Toolenaar, Huikeshoven, and Jeekel (1993), for instance, noted that some women with vaginal dysgenesis had “occasional but significant doubts about being a woman” (p. 1212) and that the discovery of a “missing vagina” during adolescence can lead to “serious identity problems” (p. 1213) – issues purportedly resolved by surgery. With a vagina, a body can be “congruent with [women’s] identities as women” (Bell & Apfel, 1995, p. 17), although a surgically produced vagina does not necessarily achieve this (Bell & Apfel, 1995). This linking of women with the vagina has been particularly insidious for black women, who, historically, have been seen as determined by the “alleged anatomical excesses” of their genitals (Young, 1996, p. 182; Gilman, 1985; Marshall, 1996). As Spelman (1988) identified, normative western definitions of ‘woman’ are always implicitly raced – white – and classed – middle class (and [hetero]sexualised; Wittig, 1993). Regardless, the vagina is central.

The link between genitals and gendered identity, then, seems to constitute a basic, everyday, taken-for-granted commonsense, in society, medical practice, and psychology. Part of our project aims to render problematic, and bring into discussion, the normative. We see this article fitting with work which challenges the two-sex model and the link between genitals and gendered identity, such as critical writings around intersex (e.g., Dreger, 1998; Kessler, 1990), ‘trans’ people and identities (e.g., Bornstein, 1994, 1998), and much feminist

work on gender and identity (e.g., [Butler, 1990](#)). We would argue that a dichotomous sex system is sustained not only through cultural representations and medical models and procedures, but also through everyday taken-for-granted talk and practices.

Talk about genitals and gendered identity

The data come from a larger feminist social constructionist project on 'the vagina' (e.g., [Braun, 1999, 2000](#); [Braun & Kitzinger, 2001a, 2001b, 2001c](#); [Braun & Wilkinson, 2001, 2003](#)). As part of that project, fifty-five women aged between 20 and 50 took part in 16 small focus group discussions ([Wilkinson, 1998, 1999](#)) (size ranged from 2 to 5 participants) and four individual interviews.⁴ Participants were recruited through the networks of the authors and through snowballing. Most (92%) were white, and all were able-bodied. Most identified as heterosexual, six as lesbian, one as bisexual, and six as 'other'. All identified as female. Thirty-eight were full-time students in tertiary education, with one part-time student.

Data were collected in a semi-structured way, and participants were asked to respond to a range of questions about the vagina – both about general meanings about the vagina, and about their own personal experiences and beliefs, including questions related to gendered identity. Discussion lasted between 50 min and 2 h. All but three groups were moderated by the first author. All focus groups and interviews were audio-taped, the data transcribed, and participants given pseudonyms.

Focusing specifically on normative understandings of gendered identity, data were analysed thematically. The purpose of the analysis was to identify the commonalities and differences in women's talk about genitals and gendered identity, and to consider the effects of these different ways of talking. Extracts relating to gendered identity were found both in responses to direct identity questions (e.g., 'Would you feel as much of a woman if your vagina closed over?' 'Is the vagina a feminine organ?'), and in responses to questions which did not ask about identity per se (e.g., questions about how aware women were about their vagina, whether there was anything special about having a vagina, and what they thought the vagina represented or symbolised in society). For the purposes of this article, we have included talk about femininity, womanhood, femaleness etc. under a general construct we call 'gendered identity', by which we broadly mean a sense of oneself as a woman (or a man).⁵ Following repeated readings of the data,

women's talk was categorised into four themes: (i) *affirming the link between genitals and gendered identity*, (ii) *exploring this link*, (iii) *questioning this link*, and (iv) *disrupting this link*.

Affirming the link between genitals and gendered identity

Women frequently affirmed a relationship between the vagina and their sense of themselves as women. A number specifically said that having a vagina enabled them, personally, to be or to feel like a woman. Caitlin's answer to Penny's question was typical:

Penny: What is the relationship between having a vagina and being a woman?

Caitlin: I wouldn't be a woman if I didn't have my vag. (FG13)

Similarly, Lauren (I5) asserted that "{it's}⁶ what I am as a woman I would, I don't think I'd feel as much of a woman without it", and Carrie (FG4) observed that "your physical organs your sexual organs I think they do define you, to a great extent, as a female [...] I don't think [...] that I would actually feel that I was a female without it". Other women not only identified a link between the vagina and womanhood, but talked about the difficulty of separating the two:

Fiona: Well it's part of your identity though isn't it (Int: Mhm.) (Zoë: Yeah.) you're a female. ((pause)) (Int: Mm.) And you can't sort of dissect one from the other can you? (FG8)

Some participants identified a link between the vagina and identity in relation to women as a group (i.e., as a defining characteristic of 'women'): "women have a vagina" (Rebecca, FG7); "to me it's like, if you've got a vagina you're a *woman*" (Zoë, FG8). Sam (FG14) articulated this link particularly clearly: "I mean it, it is essentially, it is the woman in the woman, because we wouldn't be *women* if we didn't have vaginas, if we weren't formed in this way".

All of these women identified an explicit link between having a vagina and being a woman. They go together, are 'basic'. Others said very similar things in relation to 'being a female' and the definition of 'womanhood'. Helen (FG5), for example, commented that "having a vagina is an inevitable part of being a female [...] all women have got vaginas". Sarah (FG4) identified that the vagina "signifies womanhood pure and simple", while Theresa (FG8) summed up

responses in her group: “we all agree that the vagina then is very much part of womanhood”.

So in response to a range of different questions, a range of women identified and affirmed a link between the vagina and their identity as women. Being a woman was ‘essentially’ linked to having a vagina, and these accounts defined identity in terms of the physical body. The effect of such accounts is to normalise this relationship, and to make it inevitable. To be a woman is to have a vagina; not to have a vagina is, by proxy, not to be a woman. The descriptions, then, are a reiteration of the ‘commonsense’ everyday knowledge.

The link between genitals and gendered identity was also made – sometimes explicitly, sometimes implicitly – through comments about men and penises. Women’s genitals were described as “the total opposite” (Fiona, FG8) of men’s in a number of groups, where men’s genitals were also used to invoke a male identity (we do not consider this issue of male genitalia and gendered identity in this paper). This construction mirrors the everyday commonsense understanding that women and men are opposite sexes (Connell, 1999). In these instances, men were represented as essentially “different” from women, in biological terms:

- Lizzie: [The vagina’s] one of the things that defines us as, as female. [...] There are those things that biologically make us different from men, so to me I think it’s what makes you feminine.
- Yvonne: Biologically?
- Lizzie: Oh you’re gonna pin me down aren’t you.
- Yvonne: ((laughs))
- Lizzie: Well I- f-, forget what you, what you sort of think about it, but I think, um, biologically we have the, you know, or physiologically our, our breasts are different to men’s, we have vaginas and they have their little dangly bits. (FG6)

Similarly, in the following extract, which came in response to a question about the vagina closing over, the parallel between woman equals vagina and man equals penis was made explicit:

- Gillian: You relate women and vaginas go together don’t they, basically. You don’t think that anyone might have any, you know, you can get like those things where that sort of thing happens, but you don’t sort of expect anyone to have that.
- Int: Mhm.
- Vivienne: {Similar to} men not having a willy. (FG3)

Vivienne confirmed Gillian’s assertion that you “don’t sort of expect” women not to have vaginas by suggesting that, similarly, you do not expect men not to have penises. Here, the unexpectedness of a man not having a ‘paradigmatically male’ (Garber, 1993; Potts, 2001) penis reinforces the perceived strangeness of a woman not having a vagina. The normative equation, vaginas and women “go together don’t they, basically”, represents it as some basic knowledge – something everybody knows. The non-normative – not having a vagina – was represented as “those things where that sort of thing happens”. Not only is it not ‘normal’, it could not even be clearly articulated as an alternative. (We talk more about this in the final analytic section of this article.)

Women also affirmed the link between genitals and identity through a different type of comparison with men and penises, which we have called ‘negative definitions’. In these instances, a female or feminine identity was defined by the absence of male genitals (and a male/masculine identity by the absence of female genitals). For example, Rebecca (FG7) said “if I had a penis I wouldn’t be a woman”. Similarly, Shelly gave the following response to the interviewer’s question:

- Int: Do you think the vagina’s something which is feminine, would you think of it as a feminine, {Dana}: Yeah.
- Int: Thing?
- Dana: Definitely, yeah.
- Int: Mhm, what–
- Shelly: It has to be, men don’t have it. (FG9)

Here we see the complementary assertion that vagina equals *not* man (just as a penis equals *not* woman). In this account, the vagina is rendered part of the ‘feminine’ gendered body and identity by definitions that rest on its *absence* (in men). Such logic reiterates the notion – common in psychoanalytic theorising – of the vagina as ‘absence’ or ‘lack’ (see Braun & Wilkinson, 2001; Shildrick & Price, 1994), in that the vagina does not confer a *positive* identity in its own right, but rather its absence in men confers a default identity on women.⁷ Both formulations are normative in the sense that these two (apparently dichotomous) categories, men and women, are each presumed to possess their ‘own’ genitals, and lacking ‘appropriate’ genitals for one’s sex confers an ‘opposite sex’ identity by default.

In this section, we have demonstrated that in their talk, women clearly linked the vagina to their identity as women (and also linked the penis to men’s identity as men). In such accounts, the female body (vagina) was

represented as ‘other’ to the male body (penis), and in this way, femaleness and maleness were rendered biological opposites. Such talk embeds gender identity within a dichotomised anatomical structure. It normalises sexual anatomy as divergent, and characterises it as (per se) possessing, or bestowing, ‘gender’ attributes. It equates women and vaginas (and men and penises), and reifies the two categories as mutually exclusive.

Exploring the link between genitals and gendered identity

Despite the frequency with which the link between genitals and gendered identity was mentioned, discussion of this link was often more complex than the previous extracts suggest. Women often spent time exploring the ways in which their vaginas contributed to their sense of themselves as women. In such talk, the vagina – identity link was represented as, and reportedly experienced through, bodily functions as well as anatomy. In particular, the vagina was linked to identity through what it enabled these (heterosexual) women to do – in terms of (hetero)sex, and in terms of reproduction.

(Hetero)sexuality and (hetero)sex

When identifying a link between the vagina and their identity as women, heterosexual participants frequently talked about their (hetero)sexuality and their ability to have penetrative (hetero)sex. For instance, Lotte (I6), who initially commented that she did not think that her vagina closing over would change her sense of who she was, later responded to the interviewer’s question differently, in terms of “sexuality”:

Int: Do you think you’d still feel as womanly, as much of a woman [if your vagina closed over]?

Lotte: Yeah (Int: Mhm.) I mean, I, I, I think I would as I say. But part of what makes you feel womanly is your sexuality, and if that changes significantly because you no longer have a vagina, then it would. (I6)

The frequency of talk about (hetero)sexuality and (hetero)sex in relation to identity was perhaps to be expected – given that vaginas are typically seen as women’s “sexual organs” (Carrie, FG4). Discussion of ‘sexuality’ in this instance was typically only of heterosexuality, and discussion of ‘sex’ most commonly referred to coitus – “penetrative sex” (Lotte, I6). Lauren (I5), for example, talked about things that “happen

through the vagina”, as part of what made her a woman, including “receptive sex, as well, and that makes you part of a woman”. This is perhaps unsurprising – not only were most of women interviewed predominantly or exclusively heterosexual, but the very definition of the term ‘vagina’ in some (medical) dictionaries (see Braun & Kitzinger, 2001b) includes its ‘function’ in heterosexual intercourse: it is defined as the organ which “receives the penis in copulation” (*Dorland’s Illustrated Medical Dictionary*, 1994, p. 1789), or which “acts as a receptacle for the penis in coitus” (Youngson, 1992, p. 616).

The centrality of sexual intercourse was frequently given as a reason for why not having a vagina would be problematic:

Kath: There’s a certain amount of ((pause)) involvement in the sexual act of the fact that a bloke is inside me, and I can take that, that part into him into me, and that is really special. And that’s, that’s like quite powerful, I feel quite powerful for that (Int: Mhm.) and for me that’s quite a big, very big part of my sex life, being able to have, um ((pause)) internal ahm ((pause)) be able to do that. So I guess if I couldn’t do that then I’d, I’d feel a bit less of a feminine woman {I think}. (FG16)

Responses like Kath’s, Lauren’s and Lotte’s reflect the continued dominance of the so-called ‘coital imperative’ in heterosex, where coitus is seen as ‘normal’ and ‘natural’, and where other forms of sexual activity are not seen as ‘real sex’ (Gavey, McPhillips, & Braun, 1999; Jackson, 1984; McPhillips, Braun, & Gavey, 2001). Within such understandings, not having a vagina can become equated with not being able to have ‘sex’, or indeed a (heterosexual) “relationship” at all:

Gillian: I don’t think you could have a relationship if the sex isn’t right, in my opinion.

Vivienne: Yeah it’s a very, I think it’s an important aspect in a relationship (Int: Mhm.) and you need ((laughs)) your vagina really.

Gillian: ((laughs)) You can’t have sex without it. (FG3)

Similarly, women in one student group raised the topic of a lecture they had had on the “third gender” (sic) – people “whose genitals were neither one way or the other” (Dana, FG9). The women then commented on the prospect of *not* having a vagina:

Shelly: I think you'd feel redundant, because if there's no hole there, where do babies come? Where d'you have sex? ((pause))

Dana: It's not just that is it,

Shelly: Yeah.

Dana: It's part of your identity. (FG9)

Shelly presented the functions of the vagina as having "babies" (discussed further in the next section) and as having "sex", something a woman would feel "redundant" without. Dana went further – linking the vagina to identity – she then explicated this as identity as a woman. These accounts reflect the reasons typically given by the medical profession (and others) for vaginal (re)constructive surgery (as discussed earlier).

In women's talk about the vagina and identity, sexual function was articulated as a key factor. The tale these extracts tell is culturally familiar – it is one where penetrative heterosex is not a *potential* sexual activity in which woman's vagina could be involved, but *the* central activity that it is *meant* to perform, and without which heterosexual relationships become impossible and one's very identity as a woman is diminished or called into question.

Reproduction

Reproduction was frequently raised alongside (hetero)sex – particularly in relation to childbirth and/or menstruation. For instance, these were the first two items on Lauren's list of reasons why she would "not feel as much of a woman" without a vagina:

Lauren: The ((pause)) menstrual cycle makes you part of a woman, and that happens through the vagina. And being able to give birth makes you a woman, and that, well is part of what makes you a woman, and that happens through the vagina. (I5)

In Lauren's account, identity as a woman was clearly linked to reproductive potential in which the vagina is central. A similar link was articulated by Maria and Clare. Maria posed and answered one of the focus group questions, and Clare confirmed her agreement with Maria's answer:

Maria: What is the relationship between having a vagina and being a woman? ((pause)) ((laughs)) ((pause)) Well without a vagina you can't ((pause)) bear children.

Clare: No, yes, I'd say that's the main thing. (FG12)

Again, these women made a clear link between the reproductive function of the vagina and female identity. Others were not so explicit. In the following extract, the women have been talking about what it would be like if the vagina closed up. Lizzie initially commented that how this would affect a woman "depends what you really see your vagina as being"; later she elaborated on this:

Lizzie: But it's also, you know, the whole bit about being woman and being able to have children, if you want children, it goes along with that. And I'm, I do want children, so if it kind of disappeared tomorrow, I think I'd be a little bit worried. (Int: Mhm.) Um, so I think for me it is very important. (FG6)

Here, having children was a key aspect of having a vagina, and of "being woman". Mary's response to the same question was very similar:

Mary: I dunno, I guess I'd feel, how I would feel, would I feel less like a woman? Yes I probably would, 'cause I wouldn't be able to have children, and I think that's an experience I wanna go through as something I'm able to do. (FG2)

Both Mary and Lizzie implied, through the link they made between having children and feeling like a woman, that having children was part of their embodied identity as women. Interestingly, most of these women had not had children, and so the idea of 'having children' was a hypothetical – even if planned – event in the future, but one which was reported as having clear implications for their identity as women.

This talk about reproduction and identity reflects (and reinforces) another culturally predominant idea – that to be a woman is to be a mother (Laws, 1990; Rich, 1977; Ussher, 1989; Woollett, 1991; see also Malson & Swann, 2003).⁸ As Phoenix and Woollett (1991, p. 13) noted, "regardless of whether women become mothers, motherhood is central to the ways in which they are defined by others and to their perceptions of themselves". It is seen to be "critical to the development of gender identity, femininity and self-esteem" (Notman & Nadelson, 1982, p. 31), and "the very essence of... womanhood" (Ashurst & Hall, 1989, cited in Letherby, 1999, p. 361). The strength of this link is noted in research on infertility. Women who are infertile comment that "there are times when I don't feel like a real woman" (Letherby, 1999, p. 363), and "there is the feeling of not being a proper

woman” (Woollett, 1991, p. 54). Another woman noted that infertility meant that her “whole purpose of being a woman was gone” (Willmott, 2000, p. 112; see also Kitzinger & Willmott, 2002).

In their talk about (hetero)sex, and about reproduction, women affirmed the link between the vagina and gendered identity by demarcating things they would no longer be able to do if they did not have a vagina. These descriptions fit with a broader cultural definition of the vagina as “the centre of receptivity and reproduction” (Mitchell, 1974, p. 87), and reflect two traditional ‘roles’ of women in western societies – to be sexually available for men (or preferably one man through marriage), and to be mothers of future generations (de Beauvoir, 1949/1953; Rich, 1977). While feminists have emphasised the limitations of defining women in relation to these roles (Kessler, 1990), such expectations apparently remain key to (heterosexual) women’s identity (see also Riley, 1998), and the absence of these can contribute to feelings of ‘freakishness’, a lack of femininity, and not being a ‘real’ woman (e.g., Kitzinger & Willmott, 2002). However, it should be emphasised that not all participants in our research unproblematically accepted the conventional equation between heterosex/reproduction, the vagina, and being a woman.

Questioning the link between genitals and gendered identity

In this section, we consider the ways in which women questioned (or even denied) a link between the vagina and their identity as women. A few women explicitly denied a link between the vagina and gendered identity. For instance, Tricia (FG6) said “if it closed up... I wouldn’t notice, it wouldn’t, you know, it, it wouldn’t make me feel any less a woman”. Similarly, Brittany (FG16) commented, “being a woman to me isn’t my vagina. To, being a woman to me is my, my appearance and how I act, and it’s just me in general”. In her description of “being a woman”, Brittany referred to aspects of herself typically associated with ‘femininity’ – such as appearance and clothes. Others explicitly drew on the concept of femininity in denying a direct relationship between the vagina and their sense of themselves as women:

Kate: I think the question here is if suddenly they took your vagina away would you feel less feminine or not? And ({Int}: Mm.) I don’t think I would (Int: Mhm.) because my femininity is inside me. (FG5)

Femininity, here, was constructed as separable from the vagina – for Kate, it was represented as something “inside” her. This distinction is rooted in the Cartesian dualism fundamental to western societies (Bordo, 1993; Scheper-Hughes & Lock, 1987) – i.e., the separation of body (“vagina”) from the ‘self’ (“me”) and identity as a woman (“femininity”).

Some women who questioned or denied a relationship between the vagina and identity did so in relative terms, indicating that the vagina might just be *part* of one’s gendered identity. Emily (FG8), for instance, observed: “your femininity isn’t *just* to do with your vagina” (our emphasis). Emily’s “just” works to free gendered identity from an exclusive link with the vagina, allowing the vagina a potential role, but also invoking other things as possibly important. Talk about other body parts served to question an essential linking of the vagina with identity as a woman. Talk about breasts (another familiar trope of womanhood), for example, provided an interesting counterpoint to talk about the vagina:

Helen: I feel more proud of my bust. I know my bust is incredibly saggy and, and, and not probably the best in the world now, but ((pause)) I- I feel, I, I feel that depicts femininity more (Int: Mm.) I s’pose, ‘cause it’s obvious, it’s there, it’s in, in front of you, so to speak ((laughs)) you know, you can’t miss it. Um, a, and that to me is, is a part of me I see, as a very feminine part of me, more so than my vagina. (FG5)

Breasts are also typically associated with both womanhood and femininity (Hallowell, 2000), but may be seen as different from the vagina in three key ways. First, breasts are ‘visible’ in a way the vagina is not, and through surgery and the use of external ‘enhancers’ like padded bras and prostheses (or, to a certain extent, diet, pregnancy and/or age), they are malleable as to shape and size.⁹ Second, the possibility of breast loss (e.g., through cancer) is part of a public health discourse readily available to women. The same group of women commented on this:

Helen: If you took my breasts away, I’d feel like I’d lost a lot of my femininity (Int: Mhm.) um, but that’s more of a, a feasible thing to happen. People get breast cancer, people have their breasts removed, losing your vagina is not something I’ve actually really thought about before, because you, it generally doesn’t happen does it ({Kate}: Mm.) um, but I thi- ah, I don’t

know, if I've cut off my breasts then yeah I would feel less feminine. (FG5)

Finally, the role of breasts in women's sense of themselves as women is part of public discussion in a way the role of the vagina is not. Women can – and do – discuss how they might feel if they had to have a mastectomy, and whether they would have their breasts 'reconstructed' or not. By contrast, the idea that they could 'lose' their vagina was a completely strange one to many women – “not something I've actually really thought about before” (Helen, FG5) – and was difficult to conceptualise, in terms of what it might mean or how they might deal with it (we will discuss this further in the next section). While the breasts are rendered more 'losable', and perhaps thus more part of identity, the existence of the vagina in the female body is taken-for-granted.

Other participants contrasted the vagina and non-sexed body parts to question the strength of the link between the vagina and their sense of themselves as women:

Brittany: I mean I consider it [the vagina] to be part of me, but only like my arm is part of me.

Int: Mhm.

Holly: Yeah, yeah exactly, I mean, yeah.

Brittany: It's quite a neutral thing, it's not particularly special to me. (FG16)

Here, Brittany equated her arm with her vagina in order to argue for the 'non-specialness' of her vagina ("quite a neutral thing") in relation to identity. The implication is that no one would claim that having an arm should be considered central to gendered identity in the way having a vagina is considered central. Brittany's statement functions as a refusal to give any special definitional significance to the genitalia, despite a dichotomously sexed society, where genitals function as the primary 'definitive' or assumed marker of difference between the 'male' and 'female' body.

The mind, and 'me' were also invoked to question the necessary link between the vagina and gendered identity. Earlier in this section, we noted that Kate (FG5) invoked a Cartesian dualism, between the vagina and 'me'. She went on to identify that “my femininity is in the whole of me, and it's in my mind”. Similarly, Zoë (FG8) questioned the prioritising of anatomy in identity by demarcating a list of 'psychological' aspects of gendered identity:

Zoë: I think that it's a lot, I don't know I think that femininity is about a whole host of

things, like your attitudes (Emily: Yeah.) your beliefs, your thoughts and (Int: Mhm.) but I think that, for s- I don't know, it kind of embodies that, sometimes.

Int: Mhm. Mhm.

Emily: But your femininity isn't just to do with your vagina.

Leigh: Yeah.

Zoë: Vagina no.

Emily: Whatever you call it.

Leigh: Yeah.

Zoë: But it is a *symbol* of it I think.

{Fiona}: Yeah.

Zoë: I think it can be seen as that.

{Theresa}: Mm.

Fiona: It's probably the external symbol. (FG8)

In talk of gendered identity, a separation of mind and body functions as a way of undermining the perceived importance of the vagina in gendered identity. If it has any role in determining gendered identity, it is only a partial one.

As the data presented in this section have shown, some women questioned a link between the vagina and gendered identity, both explicitly and through reference to other body parts. For the most part, such questioning related to the relative importance of their own vagina to their own sense of themselves as women, suggesting that other factors, or a range of other factors, were important. Through a focus on the individual, however, such questioning did not disrupt the normative assumptions surrounding the concept of genitals and gendered identity – namely, that in western societies there are two distinct sexes, with “sexual dimorphism of the genital organs... sharply defined” (Harré, 1991, p. 43). Such assumptions are fundamental to prevailing concepts of gendered identity, and are rarely discussed.

Disrupting the link between genitals and gendered identity?

In this final section, we look at the few instances where the link between the vagina and gendered identity was (to some degree) disrupted. Attempts consciously to disrupt this link – or to identify circumstances under which it might plausibly or ostensibly be disrupted – were relatively rare and often not entirely successful. Even when talking about instances of disruption, the normative equation of vagina and woman was often reinforced. Here, we take a critical reflexive stance to analyse not only the talk of participants, but the talk and practice of the researcher/interviewer as well.

In a few instances, participants talked about girls or women without vaginas, which troubled the normative assumption that women and vaginas always go together. For example, one group of women talked about a contemporary news item involving ‘a girl born without a vagina’:

Jessica: Isn't there an interesting case that's been in the news this week, of a little girl who's going got a cour- a case going through the courts about whether she's female or male.

Mia: And it's taken her taken her eight years, yeah.

Int: Oh.

Jessica: Yeah.

Int: I didn't know.

Mia: To be declared that she's,

Jessica: And she hasn't got a vagina has she?

Mia: I don't think so, she had, it's one of those weird cases where she'd got the, something to do with her chromosomes. And she when she was born she was, um, put down as a male on her (Int: Mhm.) certificate (Int: {Right.}) and she's spent the last eight years attempting to, well her family, or she I think 'cause she's only, what, ten or something.

Jessica: Yeah.

Anna: Yeah, I saw it {indecipherable}.

Jessica: But she wants to be a girl.

Mia: To be declared a, a, a female. I d- I, I don't think people's gender is nec-, is necessarily related to whether they've got a vagina or not, I really don't. (FG14)

The identification of the child as a “girl” and “her”, immediately places her clearly within the gender dichotomy, and serves to construct “girl” as what she *really* is, and being “declared female” as necessary for this identity to be congruent or authentic (although already “girl”, she also “wants to be a girl”). The language used to report this “news” item constructs it as ‘not normal’ – as “interesting”, “weird”, or “strange” (eight lines further on). It is also represented as a ‘case’, which singles it out and suggests that it is an isolated (‘clinical’) incident. If this were ‘normal’, it would not be a ‘case’ – let alone a “news” item.¹⁰ Despite Mia's explicit questioning that having a female gender is necessarily related to having a vagina, it is clear, from the difficulties talking about this ‘exception’, that such a situation – a link between vagina and (female) gendered identity – is normative. This instance, described as an exception to that norm, serves effectively to reinforce that norm.

In another instance, the interviewer used the term “freaks” ironically to describe women who *do* have vaginas:

Int: One thing that I find so interesting is that I think for women who've, you know, had vaginas since birth, I guess,

Kay: ((laughing)) Not many of them around is there.

Int: Well, the few of us freaks that exist, as opposed to I guess, intersex, or women who are born with congenital, um, pre-shortened vaginas or whatever they call them, um, congenital absence thereof, or [...] women who haven't always has them, you just presume (Kay: Mhm.) or I just presume, when you see a woman that she will have one. (Kay: Mm.) It's just part of being a woman. (I4)

At the beginning of this extract, the interviewer used careful language that disrupts the normative equation, talking about women “who've, you know, had vaginas since birth”. Such language disrupts the idea that any ‘girl’ or woman *necessarily* has a vagina. At the end, the interviewer identified her own normative assumptions around women and vaginas. However, despite these attempts to disrupt this link, the extract implicitly reinforces the very construct she was attempting to disrupt. Kay's laughter suggests that the interviewer's initial formulation is hearably unusual, and her response “not many of them around is there” challenges the idea that being a woman and being born with a vagina is something *not* ‘normal’. In the interviewer's response, the ironic use of “the few of us freaks” to refer to women born with vaginas further reinforces the normative nature of this – the irony depends on a shared understanding that the real ‘freaks’ are those women *not* born with vaginas. In these instances, then, we find evidence that talk about ‘deviations’ from the dichotomous sex/gender system can work to reinscribe that system as normative, rather than constituting any serious disruption of, or challenge to, the validity or stability of this system (Lorber & Farrell, 1991a; Parlee, 1998).

The interviewer assumed that her research participants had ‘normal’ vaginas, and had always had them. This assumption was evident through the questions she asked. For instance, participants were asked a *hypothetical* question about how they would feel if their vagina closed over or they did not have one. There were lots of identity-related responses to this question, and these frequently reinforced the normative nature of the relationship between having a vagina and being a woman. For instance, Julia (FG11) observed that if that

were to happen, “you’d be completely different from everybody else”. Everybody else has a vagina by inference – and to not have one is thus to be “completely different”.

However, the interviewer’s (‘hypothetical’) question in and of itself also worked to disrupt the normative relationship between ‘vagina’ and ‘woman’, in the sense that it questioned something that is generally taken for granted and unproblematised. Dominant relations or identities in a range of areas are often invisible (and hence not thought about, or taken-for-granted), such as able-bodiedness (e.g., Abson, 1999), heterosexuality (e.g., Kitzinger & Wilkinson, 1993) or whiteness (e.g., Steyn, 1999). In line with this, women typically had considerable difficulty articulating responses to this and related questions. For example, the following extract came after a brief discussion following the interviewer’s initial question “can you imagine like what you’d feel like if you didn’t have ((pause)) a vagina”:

- Int: D’you think it would, would it affect your identity in any way, um? ((pause))
 Brittany: It’s hard to imagine. ((laughs))
 Holly: Mm.
 Int: It is hard to imagine (FG16)

The interviewer then provided a ‘rationale’ for her question – description of a story she had read about a woman whose vagina had closed over (Foos, 1996). The very notion that it is “hard to imagine” the possibility of ‘not having’ a vagina or ‘losing’ a vagina¹¹ implicitly reinforces the normativity of the link between vagina and woman(hood). The alternative possibility – not having a vagina – is rendered virtually unimaginable, or beyond the realm of the imaginable, which we would argue reflects culturally available discourses and meanings. This contrasts strongly with talk about breast loss and identity, as discussed in the previous section.

In this section, we have explored disruptions to the normative link between the vagina and gendered identity. As we have demonstrated, such disruption was difficult and rarely successful (some participants could not even imagine what was being asked of them). The difficulty of disruption demonstrates the strength and tenacity of the link between the two. Many women (the interviewer included) reinforced the normative relationship between having a vagina and being a woman, even in instances where identity was not a topic of discussion. Women’s talk, then, tended not to challenge the everyday assumptions that women and vaginas go together.

Conclusions

Socioculturally, assumptions of gender or sex difference seem to remain fundamental – as can be seen in the current popularity of evolutionary psychology, and in the enormous success of pop-psych books like *Men are from Mars, Women are from Venus* (Gray, 1993). Gender difference is typically premised on genital difference, with particular genital morphologies assumed to match displayed, and experienced, gendered identity. The central focus of this article has been on how women articulated this commonsense relationship between genitals and gendered identity, and specifically the vagina and identity as a woman, and the potential effects of these. As we have demonstrated, many women, when talking about the vagina, did affirm a link between the vagina and gendered identity. This was both assumed at a sociocultural level, for all women, and at a personal experiential level. However, women’s talk did not *simply* reiterate this cultural commonsense. Some women questioned this link, which suggests that it is not, necessarily, all encompassing, and moments of questioning or challenging assumptions about bodies and gendered identities are also been shown by women elsewhere (e.g., Kitzinger & Willmott, 2002; Malson & Swann, 2003). But even ostensible disruptions to this link often reinstated it – on the few occasions where talk explicitly disrupted the commonsense link, the commonsense was discursively and interactionally reinscribed as ‘the norm’.

Looking specifically at these women’s talk, many features of it tell us more about the relationship between genitals and gendered identity, both for these women, and in society more generally. It was notable that this was not an easy topic of discussion. Many women had some difficulty talking about the question of the vagina and gendered identity in any detail. We would argue that women’s talk about the vagina and gendered identity can be seen as the result of a struggle to talk about a normative, taken-for-granted ‘fact’ the research questions throw into relief and make problematic. Further, there was a contrast between the ways women who affirmed a link and women who questioned a link talked about the genitals and gendered identity. Women who affirmed a link often did so in global terms, speaking of women as a group, as well as about themselves, while women who questioned a link did so in personal terms, speaking only about themselves. Women who questioned a link tended not to question the broader assumption that (discrete) body types do map onto gendered identities such as women have vaginas, and men have penises. Women’s talk, then, tended to

reinforce the commonsense idea that women and vaginas go together, both in what was said, and in how it was said.

Although we have taken a different approach, this paper is connected with critical (feminist) writings around intersex, transgender and gender that challenge these commonsense beliefs, and the practices that go along with them. The assumed and articulated link between vaginas and female identity continues to have material consequences for individuals who do not fit within this genital-gender system. The construction of 'gendered' genitals on intersex infants and teenagers, the construction of a matching body in the case of transsexual individuals who undergo 'gender reassignment' surgery, and the reconstruction of vaginas in women who 'lose' them through disease, are all practices (routinely) engaged in to produce a body that genitally matches perceived and/or experienced gendered identity. Here, the body is surgically (re)created to fit physiological conventions of gender that, we would argue, are socially constructed. These procedures can all be seen as reinforcing a view of two, and only two, types of bodies, rather than recognising bodies as "plural, and very diverse" (Connell, 1999, p. 453), and thus as reinforcing this dichotomous genital-gender system. Part of the questioning of such surgical practices involves the questioning of the perceived necessary linkage between genitals and gendered identity.

Part of our project has been to render problematic, and bring into discussion, the normative. Given a constructionist commitment to the importance of the social and talk in the construction of reality, we would argue that the effects of talk about genitals and gendered identity are at least two-fold. At one level, it can work to simply *recreate* gendered norms, as we have noted throughout this paper. In relation to reproduction, Malson and Swann (2003) similarly argue that conflations of woman's bodies, 'functions', and gendered identities serve as "regulatory fiction[s]" (p. 192), and thus work to produce and reproduce identities, practices, and experience. Here, we maintain that a dichotomous gender system is sustained through everyday taken-for-granted talk and practices, as well as through sociocultural representations and through medical models and procedures. If social change is our agenda, we need to examine, and perhaps to disrupt, everyday 'commonsense' understandings, and consider how these reflect, and reinforce, the status quo.

We would argue that at a second level, talk about genitals and gendered identity can also work to render this normative status somewhat problematic, and bring

up for discussion the taken-for-granted. In this sense, asking questions about the relationship between genitals and gendered identity potentially opens a discursive space for alternatives to start to be articulated. Therefore, while getting women to discuss the link between genitals and gendered identity was not necessarily 'easy', we would recommend that further research be done that explores these questions – and not just among women for whom this issue is salient (e.g., woman who might be experiencing vaginal cancer and subsequent genital 'loss'; Bell & Apfel, 1995), or transgendered people.

Self-report data are limited in that we can only access what people *say* they think/do/feel, rather than observing the ways in which such issues are salient/relevant in everyday interactions. Therefore, while talk *about* genitals and gendered identity can reveal much about the taken-for-granted status of a link between these two in women's lives (and broader society), it is also important to develop our understandings of the daily (mundane) practices through which assumptions of gendered bodies and identities are produced and reproduced. Examples of contexts in which issues of gender and genitalia might fruitfully be examined include, among others, gynaecological and obstetrical practice, childbirth, children's 'learning' of genital and meanings, 'gender reassignment' surgery, and women's (and men's) participation in genital cosmetic surgery. It is in contexts such as these that the assumptions (and questionings) identified in this article are played out often in material ways.

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Endnotes

¹ The fiction story referred to here is Foos (1996).

² Talk about gendered identity touches on ongoing debates about 'sex' and 'gender' that we do not address in this paper. (Feminist psychologists have traditionally viewed 'sex' as biologically determined and 'gender' as socially constructed, or a 'social classification system' (Harré, 1991; Unger, 1979; 1990). These separations have, however, been critiqued, with (biological) 'sex' itself seen as a social construct (e.g., Butler, 1990; Delphy, 1993; Laqueur, 1990; Nicholson, 1995). The use of the term 'gender' to refer to characteristics typically associated with 'biological' sex as well as those more

frequently considered to be associated with gender (e.g., see Bornstein, 1998; Hyde, 1994; Kessler & McKenna, 1978/1985) reflects this. However, there is still debate over the use and meaning of the term 'gender' (e.g., Auerbach, 1999).

³ There is evidence that the recommended case-management of intersex infants may be shifting (e.g., see Creighton & Minto, 2001; Melton, 2001; Morland, 2001), and coverage in television dramas such as *The Secret Life of Us* (Season 1, Episode 4 ['Expect the Unexpected'], screened Channel 4 (UK), 18 July 2001) and *Footballers' Wives* (Season 2, Episodes 5–8, screened ITV (UK), 5–26 February 2003) has addressed case-management issues, as well as broader social and interpersonal impacts.

⁴ Individual interviews were conducted in instances where the participant was reluctant to discuss the topic in a group setting.

⁵ A range of identity constructs (e.g., gender, femaleness, womanhood, femininity etc) was evident in talk about the vagina and identity. Although these identity constructs are not considered synonymous in most psychological and feminist literature (e.g., Archer & Lloyd, 1982; Golombok & Fivush, 1994; Siann, 1994; Spelman, 1988), where they carry different assumptions about biology and/or society, and have different implications for identity, individual use is not (necessarily) congruent with theorists' use. We therefore have no way of knowing what different people mean by these terms unless it is explicated, which rarely happened.

⁶ Text that appears in single brackets {like this} reflects the authors' best guess as to what was said, or who said it, and text that has been removed is indicated by [...].

⁷ The fact that Shelly states "men don't have it" troubles a simple reading of this as purely 'absence', as to represent a vagina as potentially 'have-able' renders it something rather than the 'no thing' (Shildrick & Price, 1994) of (some) psychoanalytic accounts. However, it remains a 'negative' definition in that in-and-of-itself the vagina is not discussed in identity terms.

⁸ Like the 'compulsory' nature of heterosexuality (Rich, 1980), there is enormous social pressure on women (especially if heterosexual and married) to have children and become mothers (Kitzinger, 1992). It can be seen as 'mandatory' (Woollett, 1991), and the concept of choice becomes "something of a red herring" (Letherby, 1999, p. 362). As more women never become mothers, it will be interesting to see if/how this shifts (e.g., Malson & Swann, 2003).

⁹ Female genital 'cosmetic' surgeries also construct the female genitalia as more malleable, but they are still relatively new, and far less common than breast surgeries.

¹⁰ We are not suggesting that intersex is not 'infrequent' or uncommon in statistical terms, but that 'normality' is defined in such a way to preclude recognition of genital diversity (beyond relatively limited variability). The practice of airbrushing women's vulvas in soft-core pornography magazines, so that the labia minora never protrude beyond the labia majora, can be seen to construct the 'normal' vulva in even more limited fashion, and the surgical construction of such vulvas through the reduction of labia minora appears both as response to, and reinforcement of, this (e.g., see Braun, 2005).

¹¹ It is important to recognise that 'losing' and 'not having' a vagina are two quite different concepts and that there are various 'reasons' for being a 'woman without vagina'. The question of how you 'lose' a part of the body that is (possibly) most easily conceptualised as a 'hole' is tricky, and an interesting one to consider – although of course medical removal of the vagina does occur, and vaginal vault prolapse does produce a 'loss' of the vagina in some sense. But it is also worth noting that talk of 'the vagina' might not map onto the 'anatomical' vagina, anyway, but encompass the vulva (as well) (see Braun & Kitzinger, 2001a).

References

- Abson, Jane (1999, July). Womanhood, disability and able-bodiedness. *Paper presented at the Women's Studies Network Conference, Coventry, UK.*
- Angier, Natalie (1999). *Woman: An intimate geography*. London: Virago.
- Archer, John, & Lloyd, Barbara (1982). *Sex and gender*. Cambridge: Cambridge University Press.
- Auerbach, Judith D. (1999). From the SWS president: Gender as proxy. *Gender & Society*, 13(6), 701–703.
- Bell, Susan E., & Apfel, Roberta J. (1995). Looking at bodies: Insights and inquiries about DES-related cancer. *Qualitative Sociology*, 18, 3–19.
- Bordo, Susan (1993). *Unbearable weight: Feminism, western culture, and the body*. Berkeley, CA: University of California Press.
- Bornstein, Kate (1994). *Gender outlaw*. New York: Routledge.
- Bornstein, Kate (1998). *My gender workbook: How to become a real man, a real woman, the real you, or something else entirely*. New York: Routledge.
- Braun, Virginia (1999). Breaking a taboo? Talking (and laughing) about the vagina. *Feminism & Psychology*, 9, 367–372.
- Braun, Virginia (2000). Heterosexism in focus group research: Collusion and challenge. *Feminism & Psychology*, 10, 133–140.
- Braun, Virginia (2005). In search of (better) sexual pleasure: Female genital 'cosmetic' surgery. *Sexualities*, 8(4), 407–424.
- Braun, Virginia, & Kitzinger, Celia (2001a). 'Snatch', 'hole', or 'honey pot'? Semantic categories and the problem of non-specificity in female genital slang. *Journal of Sex Research*, 38, 146–158.
- Braun, Virginia, & Kitzinger, Celia (2001b). Telling it straight? Dictionary definitions of women's genitals. *Journal of Sociolinguistics*, 5, 214–232.
- Braun, Virginia, & Kitzinger, Celia (2001c). The perfectible vagina: Size matters. *Culture, Health & Sexuality* 3, 263–277.
- Braun, Virginia, & Wilkinson, Sue (2001). Socio-cultural representations of the vagina. *Journal of Reproductive and Infant Psychology*, 19, 17–32.
- Braun, Virginia, & Wilkinson, Sue (2003). The vagina: Liability or asset? *POWS Review*, 5, 28–42.
- Butler, Judith (1990). *Gender trouble: Feminism and the subversion of identity*. New York: Routledge.
- Cairns, Kathleen V., & Valentich, Mary (1986). Vaginal reconstruction in gynecologic cancer: A feminist perspective. *The Journal of Sex Research*, 22, 333–346.
- Chicago, Judy (1975). *Through the flower: My struggles as a woman artist*. New York: Penguin Books.
- Connell, Robert W. (1999). Making gendered people: Bodies, identities, sexualities. In Myra M. Ferree, Judith Lorber, & Beth B. Hess (Eds.), *Revisioning gender* (pp. 449–471). Thousand Oaks, CA: Sage.
- Creighton, Sarah M., & Minto, Catherine L. (2001). Managing intersex: Most vaginal surgery in childhood should be deferred [editorial]. *British Medical Journal*, 323, 1264–1265.
- Davies, Bronwyn (1990). The problem of desire. *Social Problems*, 37, 501–516.
- de Beauvoir, Simone (1953). *The second sex* (H.M. Parshley, Trans.). Harmondsworth, UK: Penguin Books. Originally published 1949.
- Delphy, Christine (1993). Rethinking sex and gender. *Women's Studies International Forum*, 16, 1–9.

- Dorland's illustrated medical dictionary (1994) (28th ed.). Philadelphia: W B Saunders Company.
- Dreger, Alice D. (1998). "Ambiguous sex"—or ambivalent medicine? *The Hastings Centre Report*, 28(3), 24–35.
- Foos, Laurie (1996). *Ex utero*. Minneapolis, MN: Review.
- Freud, Sigmund (1998). Some psychical consequences of the anatomical distinction between the sexes. In Nancy Burke (Ed.), *Gender and envy* (pp. 19–26). New York: Routledge. originally published 1925.
- Freundt, Ingrid, Toolenaar, Toon, Huikeshoven, Frans J. M., & Jeekel, Hans (1993). Long-term psychosexual and psychosocial performance of patients with a sigmoid neovagina. *American Journal of Obstetrics and Gynecology*, 169, 1210–1214.
- Garber, Marjorie (1993). Spare parts: The surgical construction of gender. In Henry Abelove, Michèle A. Barale, & David M. Halperin (Eds.), *The lesbian and gay studies reader* (pp. 321–336). New York: Routledge.
- Garfinkel, Harold (1967). *Studies in ethnomethodology*. Cambridge: Polity Press.
- Gavey, Nicola, McPhillips, Kathryn, & Braun, Virginia (1999). Interruptus coitus: Heterosexuals accounting for intercourse. *Sexualities*, 2, 35–68.
- Gilman, Sander (1985). *Difference and pathology: Stereotypes of sexuality, race and madness*. Ithaca, NY: Cornell University Press.
- Golombok, Susan, & Fivush, Robyn (1994). *Gender development*. Cambridge: Cambridge University Press.
- Gray, John (1993). *Men are from Mars, women are from Venus: A practical guide for improving communication and getting what you want in your relationships*. London: Thorsons.
- Hallowell, Nina (2000). Reconstructing the body or reconstructing the woman? Perceptions of prophylactic mastectomy for hereditary breast cancer. In Laura K. Potts (Ed.), *Ideologies of breast cancer* (pp. 153–180). Houndmills UK: Macmillan.
- Harré, Rom (1991). *Physical being*. Oxford: Blackwell.
- Hyde, Janet S. (1994). Should psychologists study gender differences? Yes, with some guidelines. *Feminism & Psychology*, 4, 507–512.
- Jackson, Margaret (1984). Sex research and the construction of sexuality: A tool of male supremacy? *Women's Studies International Forum*, 7, 43–51.
- Kessler, Suzanne J. (1990). The medical construction of gender: Case management of intersexed infants. *Signs*, 16, 3–26.
- Kessler, Suzanne J., & McKenna, Wendy (1985). *Gender: An ethnomethodological approach*. Chicago: University of Chicago Press. Originally published 1978.
- Kimmel, Michael S. (2000). *The gendered society*. New York: Oxford University Press.
- Kitzinger, Celia (1999). Intersexuality: Deconstructing the sex/gender binary. *Feminism & Psychology*, 9, 493–498.
- Kitzinger, Celia, & Wilkinson, Sue (1993). Theorizing heterosexuality. In Sue Wilkinson, & Celia Kitzinger (Eds.), *Heterosexuality: A feminism and psychology reader* (pp. 1–32). London: Sage.
- Kitzinger, Celia, & Willmott, Jo (2002). 'The thief of womanhood': Women's experience of polycystic ovarian syndrome. *Social Science & Medicine*, 54(3), 349–361.
- Kitzinger, Sheila (1992). *Ourselves as mothers: The universal experience of motherhood*. Toronto: Bantam Books.
- Laqueur, Thomas (1990). *Making sex: Body and gender from the Greeks to Freud*. Cambridge, MA: Harvard University Press.
- Laws, Sophie (1990). *Issues of blood: The politics of menstruation*. Houndmills, UK: MacMillan.
- Letherby, Gayle (1999). Other than mother and mothers as others: The experience of motherhood and non-motherhood in relation to 'infertility' and 'involuntary childlessness'. *Women's Studies International Forum*, 22, 359–372.
- Lorber, Judith, & Farrell, Susan A. (1991a). Preface. In Judith Lorber, & Susan A. Farrell (Eds.), *The social construction of gender* (pp. 1–5). Newbury Park, CA: Sage.
- Lorber, Judith, & Farrell, Susan A. (1991b). Principles of gender construction. In Judith Lorber, & Susan A. Farrell (Eds.), *The social construction of gender* (pp. 7–11). Newbury Park, CA: Sage.
- Lundgren, Eva (2000). Ahead of their time, children of their time, in and out of step 20 years later. *Feminism & Psychology*, 10, 55–61.
- MacKenzie, Gordene O. (1994). *Transgender nation*. Bowling Green, OH: Bowling Green State University Popular Press.
- Molson, Helen, & Swann, Catherine (2003). Re-producing 'woman's' body: Reflections on the (dis)place(ments) of 'reproduction' for (post)modern women. *Journal of Gender Studies*, 12(3), 191–201.
- Marshall, Anneka (1996). From sexual denigration to self-respect: Resisting images of black female sexuality. In Delia Jarrett-Macauley (Ed.), *Reconstructing womanhood, reconstructing feminism: Writings by black women* (pp. 5–35). London: Routledge.
- McKenna, Wendy, & Kessler, Suzanne J. (2000). Retrospective response. *Feminism & Psychology*, 10, 66–72.
- McPhillips, Kathryn, Braun, Virginia, & Gavey, Nicola (2001). Defining (hetero)sex: How imperative is the 'coital imperative'? *Women's Studies International Forum*, 24, 229–240.
- Melton, Lisa (2001). New perspectives on the management of intersex. *The Lancet*, 357, 2110.
- Mitchell, Juliet (1974). *Feminism and psychoanalysis*. Harmondsworth, UK: Penguin.
- Morland, Iain (2001). Management of intersex [letter]. *The Lancet*, 358, 2085.
- Muscio, Inga (1998). *Cunt: A declaration of independence*. Seattle, WA: Seal Press.
- Nicholson, Linda (1995). Interpreting gender. In Linda Nicholson, & Steven Seidman (Eds.), *Social postmodernism: Beyond identity politics* (pp. 39–67). Cambridge, UK: Cambridge University Press.
- Notman, Malkah, & Nadelson, Carol (1982). Changing views of the relationship between femininity and reproduction. In Carol Nadelson, & Malkah Notman (Eds.), *The woman patient: Volume 2. Concepts of femininity and the life cycle* (pp. 31–42). New York: Plenum Press.
- Parlee, Mary B. (1998). Situated knowledges of personal embodiment: Transgender activists' and psychological theorists' perspectives on 'sex' and 'gender'. In Hendrikus J. Stam (Ed.), *The body and psychology* (pp. 120–140). London: Sage.
- Phoenix, Ann, & Woollett, Anne (1991). Motherhood: Social construction, politics and psychology. In Ann Phoenix, Anne Woollett, & Eva Lloyd (Eds.), *Motherhood: Meanings, practices and ideologies* (pp. 13–27). London: Sage.
- Potts, Annie (2001). The man with two brains: Hegemonic masculine subjectivity and the discursive construction of the unreasonable penis-self. *Journal of Gender Studies*, 10, 145–156.
- Rich, Adrienne (1977). *Of woman born: Motherhood as experience and institution*. London: Virago.
- Rich, Adrienne (1980). Compulsory heterosexuality and lesbian existence. *Signs*, 5, 631–660.
- Riley, Denise (1998). 'Am I that name?': *Feminism and the category of 'women' in history*. Houndmills, UK: MacMillan.

- Roen, Katrina (2001). Of right bodies and wrong bodies: The forging of corpus transsexualis through discursive manoeuvre and surgical manipulation. *International Journal of Critical Psychology*, 2001, 94–116.
- Rohrbaugh, Joanna B. (1981). *Women: Psychology's puzzle*. London: Abacus. originally published 1979.
- Scheper-Hughes, Nancy, & Lock, Margaret M. (1987). The mindful body: A prolegomenon to future work in medical anthropology. *Medical Anthropology Quarterly*, 1, 6–41.
- Shildrick, Magrit, & Price, Janet (1994). Splitting the difference: Adventures in the anatomy and embodiment of women. In Gabriele Griffin, Marianne Hester, Shirin Rai, & Sacha Roseneil (Eds.), *Stirring it: Challenges for feminism* (pp. 156–179). London: Taylor & Francis.
- Siann, Gerda (1994). *Gender, sex and sexuality: Contemporary psychological perspectives*. London: Taylor & Francis.
- Spelman, Elizabeth V. (1988). *Inessential woman: Problems of exclusion in feminist thought*. London: The Women's Press.
- Steyn, Melissa (1999). White identity in context: A personal narrative. In Thomas K. Nakayama, & Judith N. Martin (Eds.), *Whiteness: The communication of social identity* (pp. 264–278). Thousand Oaks, CA: Sage.
- Strong, Bryan, & DeVault, Christine (1994). *Human sexuality*. Mountain View, CA: Mayfield Publishing Company.
- Unger, Rhoda K. (1979). *Female and Male: Psychological perspectives*. New York: Harper & Row.
- Unger, Rhoda K. (1990). Imperfect reflections of reality: Psychology constructs gender. In Rachel T. Hare-Mustin, & Jeanne Marecek (Eds.), *Making a difference* (pp. 102–149). New Haven, CT: Yale University Press.
- Ussher, Jane (1989). *The psychology of the female body*. London: Routledge.
- Vaginoplasty/Pressure dilatation. (1995). *ALLAS*, 1(2), 7.
- Wilkinson, Sue (1998). Focus Groups in feminist research: Power, interaction and the co-construction of meaning. *Women's Studies International Forum*, 21, 111–125.
- Wilkinson, Sue (1999). Focus groups: A feminist method. *Psychology of Women Quarterly*, 23, 221–244.
- Willmott, Jo (2000). The experiences of women with polycystic ovarian syndrome. *Feminism & Psychology*, 10, 107–116.
- Wilton, Tamsin (1996). Genital identities: An idiosyncratic foray into the gendering of sexualities. In Lisa Adkins, & Vicki Merchant (Eds.), *Sexualizing the social: Power and the organization of sexuality* (pp. 102–121). London: Macmillan.
- Wittig, Monique (1993). One is not born a woman. In Henry Abelove, Michèle A. Barale, & David M. Halperin (Eds.), *The lesbian and gay studies reader* (pp. 103–109). New York: Routledge.
- Woollett, Anne (1991). Having children: Accounts of childless women and women with reproductive problems. In Ann Phoenix, Anne Woollett, & Eva Lloyd (Eds.), *Motherhood: Meanings, practices and ideologies* (pp. 47–65). London: Sage.
- Young, Lola (1996). The rough side of the mountain: Black women and representation in film. In Delia Jarrett-Macauley (Ed.), *Reconstructing womanhood, reconstructing feminism: Writings by black women* (pp. 175–201). London: Routledge.
- Youngson, Robert M. (1992). *Collin's dictionary of medicine*. Glasgow: HarperCollins.
- Zita, Jacquelyn N. (1998). *Body talk: Philosophical reflections on sex and gender*. New York: Columbia University Press.